



Free Kick but that was not the Goal

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SUMMARY

Misadventure of the chest tube has been described in the literature resulting in complications [1-5]. Here we present a case of right pneumothorax in a preterm infant (Figure 1A). The pneumothorax was appropriately treated with a right pigtail inserted using the Seldinger technique (Figure 1B). However, on the follow up chest x-ray, the chest tube as noted to be lying outside the chest wall (Figure 1C). On careful inspection, we noted that infant has kicked the chest tube out (Figure 2). Infant remained clinically stable during accidentally dislodgement of the chest tube. We have transitioned from trocar-based chest tubes to pigtail chest tubes in our NICU. In our current practice, to avoid extra trauma, we usually do not suture the pigtail catheter to the chest wall. We secure it with sticky transparent dressing (Tegaderm). The external tubing is secured by using the tapes. But this case highlights on need to secure the chest tube well to the chest wall either suturing it or putting extra tapes. A periodic check on the tube is also warranted.

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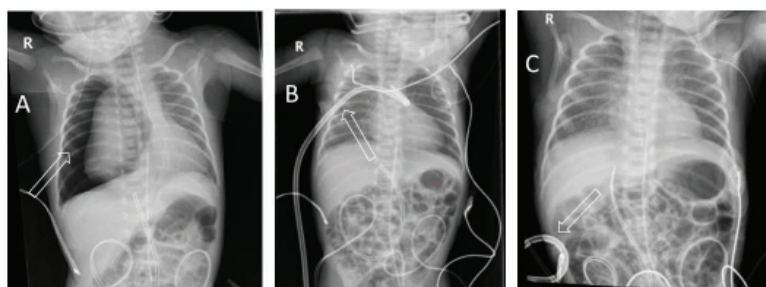


Figure 1 A: Chest x-ray showing right-sided pneumothorax (open white arrow)
B: Chest x-ray showing resolved pneumothorax (chest tube in situ- open white arrow)
C: Chest x-ray showing normal expanded lungs (chest tube lying outside the chest wall- open white arrow)



Figure 2 Picture on the infant showing pigtail catheter wrapped around the infant's right leg (blue arrow).

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